

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-020589

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 467 Primary Registration District No. 4256 Registrar's No. 25
FILED MAY 28 1963

VS 300 Rev. 4/59	DATE AMENDED	DOCUMENT
1 0510		
2 0510		
3		
4 1		
5 2		
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7 0		
8 2		
9 570.5		
10		
11		
12 1-2		
13 4-0		
USE BLACK INK OR TYPEWRITER RIBBON	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	MEDICAL CERTIFICATION
ITEM NO.	SHOULD READ	BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Holden</u>		Length of stay in lb <u>79</u> years	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Moreland Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. CITY OR TOWN <u>Holden</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS (If outside, give location) <u>E. 5th St.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Martha</u> Middle <u>Elizabeth</u> Last <u>Galbraith</u>		4. DATE OF DEATH Month <u>May</u> Day <u>13</u> Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-9-1883</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life; even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	
11. BIRTHPLACE (City and state or country) <u>Holden, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>W. H. Lewis</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Jane Smith</u>	
14. NAME OF HUSBAND OR WIFE <u>Geo. Galbraith(dec)</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT <u>Richard Galbraith, K. C. Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Toxemia (Liver Death)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Hours</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Acute Intestinal Obstruction</u>	
DUE TO (c) <u>Adynamic ileus</u>		3 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>---</u> a.m. <u>---</u> p.m. <u>---</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Holden, Missouri</u>
21. I attended the deceased from <u>Dec. 2, 1958</u> to <u>May 13, 1962</u> and last saw her alive on <u>May 13, 1962</u> Death occurred at <u>4:45 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated:		22a. SIGNATURE <u>Thomas P. W...</u> (Degree or title) <u>P.O.</u>	
22b. ADDRESS <u>Holden, Missouri</u>		22c. DATE SIGNED <u>5-14-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>May 15, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Holden Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Holden, Missouri.</u>
24. FUNERAL DIRECTOR <u>E B CAST HOLDEN MO</u>	25. DATE RECD. BY LOCAL REG. <u>5-15-63</u>	26. REGISTRAR'S SIGNATURE <u>Bernice Rose</u>	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4057

P.O. Address Holden, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.